



REQUEST TO BILL TENANT FORM

UTILITY BILLING, PSFIN 425-556-2152

Date: _____

Owner: _____ Account #: _____

Service Address: _____ Phone #: _____

Owner's Mailing Address: _____

I, _____, owner of the above mentioned property would like you to bill my tenant,
_____for water and sewer services as of the following date: _____

I understand that the City will not begin billing my tenant until the City has received this written request. The termination date for my account will be the closing date indicated above but not prior to the last billing date.

*The City will read the meter at the earliest opportunity upon receiving this form. If the closing occurred during the last billing period and you would like our assistance in pro-rating your last bill, please contact the Utility Billing office at 425-556-2152

I do hereby acknowledge that as the property owner, I am responsible for water and sewer bills not paid by the tenant, including all lien fees, delinquent charges, interest and court fees. Further, I understand the following tenant billing policy and my responsibilities as owner of the above property.

* Water and sewer bills are a lien against the property served and failure to pay same will result in a lien against my property as prescribed by the Revised Code of Washington: RCW 35.21.290 and RCW 35.67.200.

*If water service is disconnected due to non-payment, service will not be resumed until all delinquent charges together with any administrative fees are paid in full.

*Sewer accounts and the sewer portion of water-sewer accounts not paid within 60 days from billing date will be assessed an interest charge of 8% per annum on any outstanding balance.

*Owner is responsible to notify the City of Redmond of any changes in billing. If a tenant contacts the City to request a final bill, the account will automatically revert back to owner's name.

*A new tenant will require a new "Request to Bill Tenant" form. If a new tenant contacts the city, a form will be sent to the owner, but the tenant will not be set up until the form is returned.

*The owner will receive duplicate copies of delinquent notices whenever the tenant's account is overdue.

Tenant's Name: _____ Social Security #: _____

Second Name (if any): _____ Social Security #: _____

Tenant's Phone #: _____ Work #: _____

Mailing Address (if different than service address): _____

Owner's signature: _____ Date: _____